

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

Page 1 of 1

STD 262 (REV 10/92)

CLAIMANT'S NAME Paul Navarro		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Legislative Unit	
POSITION Deputy Legislative Secretary		CB/D NUMBER		DIVISION OR BUREAU	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS		INDEX NUMBER	
CITY		STATE		ZIP	
CITY		STATE		ZIP	

DATE		TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	COST OF		TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
					BREAKFAST	LUNCH	DINNER		TRANS	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES	AMOUNT	
6-May	8:00am		SAC - LAX						176.70				0.00	176.70
6-May	10:00pm		LAX - SAC						176.70		15.00		0.00	191.70
													0.00	0.00
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													0.00	0.00
													0.00	0.00
SUBTOTALS				0.00	0.00	0.00	0.00	0.00	353.40	0.00	15.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													362.40	\$368.40

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Education meetings and editorial boards in Los Angeles.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

241031

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE 5/7/2010	SIGNATURE OF OFFICER A	EL AND PAYMENT	DATE 5/17/10
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES				DATE